ARKANSAS STATE BOARD OF REGISTRATION FOR
PROFESSIONAL SOIL CLASSIFIERS

675 FLAT ROCK ROAD
BOONEVILLE, ARKANSAS 72927-8353

Applicant's Name_____

The following information relative to the above named applicant is submitted at the applicant's f\request for the Board's use in considering his/her application for registration as a Professional Soil Classifier or Soil Classifier-in-Training with the understanding that it will be held in strict confidence.

1.   I have known the applicant for _____ years.

2.   Relationship to applicant? _____

3.   The applicant is employed by _____

4.   The applicant's general reputation and character are_____

5.   My business connection with the applicant is _____

6.   I _____(would) _____(would not) employ the applicant in a position of trust because

7.   I _____(do) _____(do not) believe that this applicant should be investigated further.

8.*   I believe the applicant's technical ability to be _____(poor) _____(average) _____(good).

9.*   I _____(would) _____(would not) employ the applicant on a project where his decisions would be final.

10.*   The following is my evaluation of the applicant's ability as a Professional Soil Classifier:

My business or profession is _____

I _____(am)   (am not) a registered Professional Soil Classifier.

I am associated with _____

My title is _____

Date:_____ Please type or print name: _____

Place: _____ Signature: _____

*NOTE: Character references or references for Soil Classifier-in-Training, please omit questions numbers 8, 9, and 10.